Local Access to Labor & Obstetrical Delivery and Prenatal Care:

The impact on women, children, healthcare, outcomes, and healthcare providers

Facilitator Guide

Rural PREP

Preparing for rural practice

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This team-based, active-learning event features John Waits, MD, Chief Executive Officer and Faculty Physician at Cahaba Medical Services in Alabama. Over fifteen years after the labor and delivery unit closed, Bibb Medical Center bucked the statewide trend of rural labor and delivery closings by opening a new unit. Dr. Waits will share the process of this reopening which he believes can be replicated in many rural communities.

Learning Objectives

Participants will be able to:

- Articulate a definition for generally recognized measures of obstetric outcomes and their community health applications.
- Discuss the nuances of rural access to obstetrical and prenatal care, as it relates to infant mortality and other measures of rural well-being and health care infrastructure.
- Discuss the clinical and community health pitfalls in the delivery of care to women and children in the community when the in-patient labor and delivery infrastructure closes.
- Strategize hurdles and opportunities for providing obstetrical delivery in communities where labor and delivery has closed.

Requirements

- An Internet connection to access the video presentation and pre-presentation content
- A computer to stream the presentation
- A monitor that is large enough for all the participants to watch the presentation together
- A facilitator
- Ideally, 4 teams of 3-5 participants. This activity can be modified to accommodate fewer or more participants.

Instructions

1. Before the class session, participants will complete the pre-session readings, podcast and individual readiness questions on the Local Access to Labor & Obstetrical Delivery participant page. (60 minutes)
2. In class, the facilitator will divide the participants into teams of, ideally, 3-5 participants.
3. Participant teams will discuss individual readiness questions and decide on a single team answer to each question. (7 minutes)
4. The facilitator will review each question by calling on a single team to provide their answer to a question. All the teams are asked if they agree with that team's answer. The facilitator will engage teams in discussing or revealing the answer. (7 minutes)
5. All the participants will watch the presentation together. Local Access to L&D presentation (18 minutes)
6. Team activity:
    a. Teams will be given a scenario to discuss and develop a response to. (7 minutes)

b. Teams will present their scenario and response. (8 minutes)
c. General discussion. (5 minutes)

Pre-Session Assignment

Before the session, individual participants will complete the introduction to the topic, then answer the individual readiness questions. Print your answers for use in a team activity.

Read the following short articles:

- Hung, P., Kozhimannil, K. B., Casey, M. M. and Moscovice, I. S. (2016). "Why Are Obstetric Units in Rural Hospitals Closing Their Doors?." Health Serv Res, 51: 1546–1560. doi:10.1111/1475-6773.12441
- Health disparities in rural women. Committee Opinion No. 586. American College of Obstetricians and Gynecologists. Obstet Gynecol 2014;123:384–8.

Listen to: In Rural Alabama, Limited Access To Obstetrics Care, NPR, May 31, 2015

View the following video:

- No Country For Pregnant Women | January 10, 2018 Act 2 | Full Frontal on TBS
  Published on Jan 10, 2018

Individual Readiness Questions

After completing the pre-session content, answer the questions below. Print out this sheet with your answers to use in a team activity.

1. Rural women in the U.S. experience higher rates of several health conditions and behaviors than their urban counterparts, including:
   - ☐ Cigarette smoking
   - ☐ Obesity
   - ☐ Incidence of cervical cancer
   - ☐ Motor vehicle-related deaths
   - ☐ All of the above

2. True or False: According to the *Committee Opinion* (2014) review of a study of women in Georgia with invasive breast cancer from 2000 to 2009, women in rural areas were less likely to receive radiotherapy as a first-course treatment than their urban counterparts.

3. According to the *Committee Opinion* (2014) review paper, what was the 2010 percentage of U.S. counties lacked an obstetrician-gynecologist?
   - ☐ 14%
   - ☐ 26%
   - ☐ 49%
   - ☐ 78%

4. The American College of Obstetricians and Gynecologists recommend several initiatives to reduce rural health disparities, including:
   - ☐ Encourage graduates of obstetric–gynecologic residency programs to participate in loan repayment programs that require practicing in rural locations for a specific length of time.
   - ☐ Foster and participate in efforts to utilize effective telemedicine technologies.
   - ☐ Advocate for increased access for rural women to contraceptive methods and emergency contraception.
   - ☐ All of the above

5. Traveling further for obstetric care is associated with:
   - ☐ higher costs
   - ☐ greater risk of complications
   - ☐ longer lengths of stay
   - ☐ financial, social, and psychological stress for patients
   - ☐ all of the above

6. True or False: According to the Hung et al. study, rural private nonprofit and for-profit hospitals had 10 times higher odds of closing their units than rural public nonfederal hospitals.

7. True or False: Lower financial status of the local population may negatively influence a hospital's capacity to maintain obstetric services.

8. In Hung et al., potential predictors associated with obstetric unit closures include annual birth volume, county-level supply of OBGYNs, county-level supply of family physicians, and county-level median family income. Identify these predictors for your institution.

    Annual birth volume:

    Number of OBGYNs in your county:

    Number of family physicians in your county:

    County median family income

Individual Readiness Question Key

1. Rural women in the U.S. experience higher rates of several health conditions and behaviors than their urban counterparts, including:
    - ☐ Cigarette smoking
    - ☐ Obesity
    - ☐ Incidence of cervical cancer
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    - ☐ Greater risk of complications
    - ☐ Longer lengths of stay
    - ☐ Financial, social, and psychological stress for patients
    - ☐ All of the above

6. True or False: According to the Hung et al. study, rural private nonprofit and for-profit hospitals had 10 times higher odds of closing their units than rural public nonfederal hospitals. (3 times higher odds)

7. True or False: Lower financial status of the local population may negatively influence a hospital's capacity to maintain obstetric services.

8. In Hung et al., potential predictors associated with obstetric unit closures include annual birth volume, county-level supply of OBGYNs, county-level supply of family physicians, and county-level median family income. Identify these predictors for your institution.

    Annual birth volume:

    Number of OBGYNs in your county:

    Number of family physicians in your county:

    County median family income:

Team Activity

Participants will be divided into groups and given one scenario for which they will develop a response.

Case #1

You are in your first year of family medicine practice, as an employed physician in a hospital-owned practice, in a rural community. Four years prior to your arrival, the hospital's maternity program was discontinued and L&D closed. Furthermore, no one is doing prenatal care now. In addition to the Internist and the two senior fam med docs in the practice, there is an NP who had some women's health rotations and enjoys women's health care.

- What are your options, and what would you do?

Case #2

You are a hospital administrator. Your senior OB is 2 years away from retirement; malpractice is up; two new doctors want to continue doing OB but don't want q2 call.

- What are your options, and what would you do?

Case #3

You are a fellowship-trained FM-OB, and have been in practice for a decade. State-funding for Medicaid, controversial at best, is set to have a major shortfall the next fiscal year, putting your program in jeopardy. You are at the state capitol with the medical association's advocacy day, and as you are prepping with some colleagues, an ObGyn and a GynOnc doc ask you, "why don't we just consolidate the funding and invest in better state highways and the EMS system, rather than the antiquated system of county hospitals, especially since they 'often have poorer outcomes' anyway?"

- How would you respond?

Case #4

You are a woman early in a third pregnancy with a history of rapid labors, whose family doctor just quit doing OB with the closure of the labor and delivery unit of the local hospital 15 minutes from your home. Now the closest prenatal care and hospital with maternity services is a 90-minute drive.

- What are your options?